

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

UNITED STATES OF AMERICA

#

As a below named inventor(s), I/We hereby declare that:

My/Our residence(s), post office address(es) and citizenship(s) are as stated below my name(s).
I/We verily believe I am/we are the original, first and sole/joint inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

THERAPEUTIC USES OF TRI-ARYL ACID DERIVATIVES



and the specification of which
(check one)

- ☐ is attached hereto (Attorney Docket No. **A3536A-US**)
☒ was filed on November 28, 2000, as U.S. Application Number 09/724,496 and was amended on _____ (if applicable).
☐ was described and claimed in PCT Int'l Application Number _____ filed on _____ and as amended under PCT Article 19 on _____ (if any).

I/We hereby state that I/We have reviewed and understand the contents of the above identified specification, including the claims as amended by any amendment referred to above.

I/We acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 C.F.R. 1.56.

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Foreign Priority: Number _____ Country _____ Day/Month/Year Filed _____

Prior Foreign Appln(s): Number _____ Country _____ Day/Month/Year Filed _____

- ☒ I/We hereby claim the benefit under Title 35, United States Code §119(e) of any United States Provisional application(s) listed below:

60/131,454 **28 April 1999 (28.04.99)**
Number Filing Date

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PCT/US00/11490 **28 April 2000** **Pending**
Application Serial No. Filing Date Status (Patented, Pending)

I/We hereby appoint the attorneys and/or agents associated with the Customer No.(s) provided below as my/our attorneys and/or agents with full power to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Customer No.: 005487

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Inventors(\$): ☐ Additional names and signatures are attached.

1. Full name: Zaid Jayyosi

Signature: _____

Date: 5/06/01

Country of Citizenship: US

Residence: US
(City and State/City and Country only)

P. O. Address: 61 Grandin Drive
Flemington, NJ 08822

3. Full name: Michael F. Kelley

Signature: _____

Date: _____

Country of Citizenship: US

Residence: US
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P. O. Address: 1086 Heartsease Drive
West Chester, PA 19382

5. Full name: Litao Zhang

Signature: _____

Date: _____

Country of Citizenship: US

Residence: US
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P. O. Address: 606 Monticello Lane
Kenett Square, PA 19348

7. Full name: Daniel G. McGarry

Signature: _____

Date: _____

Country of Citizenship: GB

Residence: US
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P. O. Address: 3000 Valley Forge Circle, Apt. 1148
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2. Full name: Gerald M. McGeehan

Signature: _____

Date: _____

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Signature: _____

Date: _____

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P. O. Address: 220 Richard Way
Collegeville, PA 19426

6. Full name: Robert D. Groneberg

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Signature: _____

Date: _____

Country of Citizenship: : US

Residence: _____
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P. O. Address: _____

9. Full name: Anne Minnich
Signature: _____
Date: _____
Country of Citizenship: US
Residence: US
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P. O. Address: 2 Knoll Court
Flemington, NJ 08822

11. Full name: Robert Morris
Signature: _____
Date: _____
Country of Citizenship: US
Residence: US
(City and State/City and Country only)
P. O. Address: 125 Conestoga Road
Wayne, PA 19087

10. Full name: Mary Bobko
Signature: _____
Date: _____
Country of Citizenship: US
Residence: US
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P. O. Address: 526 Summercroft Drive
Exton, PA 19341

Aventis Pharmaceuticals Products Inc.
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Th PTO did not receive th following
listed item(s) We receive the
document as it is

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10. Full name: Mark B. Berk

Signature: _____

Date: _____

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P. O. Address: 526 Summerville Drive
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Patent Department
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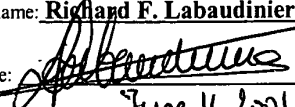
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Signature: _____
Date: _____
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P. O. Address: 1711 Spring House Road
Chester Springs, PA 19425

4. Full name: Richard F. Labaudiniere

Signature: _____

Date: _____

Country of Citizenship: FR

Residence: US
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P. O. Address: 220 Richard Way
Collegeville, PA 19426

6. Full name: Robert D. Groneberg

Signature: _____

Date: _____

Country of Citizenship: US

Residence: US
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P. O. Address: 4173 Ironbridge Drive
Collegeville, PA 19426

8. Full name: Thomas J. Caulfield

Signature: _____

Date: _____

Country of Citizenship: : US

Residence: _____
(City and State/City and Country only)

P. O. Address: _____

9. Full name: **Anne Minnich**

Signature: _____

Date: _____

Country of Citizenship: **US**

Residence: **US**
(City and State/City and Country only)

P. O. Address: **2 Knoll Court**
Flemington, NJ 08822

10. Full name: **Mark B bko**

Signature: _____

Date: _____

Country of Citizenship: **US**

Residence: **US**
(City and State/City and Country only)

P. O. Address: **526 Summercr ft Drive**
Exton, PA 19341

11. Full name: **Robert Morris**

Signature: _____

Date: _____

Country of Citizenship: **US**

Residence: **US**
(City and State/City and Country only)

P. O. Address: **125 Conestoga Road**
Wayne, PA 19087

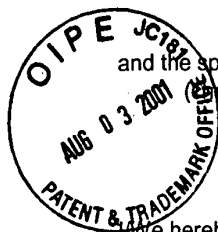
Aventis Pharmaceuticals Products Inc.
Patent Department
Route #202-206
P.O. Box 6800
Mail Code EMC-G1
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Telephone (908) 231-2985
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DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor(s), I/We hereby declare that:

My/Our residence(s), post office address(es) and citizenship(s) are as stated below my name(s).
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THERAPEUTIC USES OF TRI-ARYL ACID DERIVATIVES



and the specification of which (check one)

- ☐ is attached hereto (Attorney Docket No. **A3536A-US**)
☒ was filed on November 28, 2000, as U.S. Application Number 09/724,496 and was amended on (if applicable).
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60/131,454 28 April 1999 (28.04.99)
Number Filing Date

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PCT/US00/11490 28 April 2000 Pending
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7/23/01 Boulder, CO 80304

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PCT/US00/11490

Application Serial No.

28 April 2000

Filing Date

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Status (Patented, Pending)

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P. O. Address: _____

9. Full name: **Anne Minnich**

Signature: _____

Date: _____

Country of Citizenship: **US**

Residence: **US**

(City and State/City and Country only)

P. O. Address: **2 Knoll Court**

Flemington, NJ 08822

10. Full name: **Marjorie Mboko**

Signature: _____

Date: _____

Country of Citizenship: **US**

Residence: **US**

(City and State/City and Country only)

P. O. Address: **526 Summercroft Drive**

Exton, PA 19341

11. Full name: **Robert Morris**

Signature: _____

Date: _____

Country of Citizenship: **US**

Residence: **US**

(City and State/City and Country only)

P. O. Address: **125 Conestoga Road**

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PCT/US00/11490 28 April 2000 Pending
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Flemington, NJ 08822

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P. O. Address: 258 Western Avenue

Sherborn, MA 01770

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P. O. Address: 958 Yellow Pine Ave.

Boulder, Colorado 80304-4313

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Date: _____

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Residence: US

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P. O. Address: 97 Westcott Rd.

Bedminster, NJ 07921

8. Full name: Thomas J. Caulfield

Signature: Thomas J. Caulfield

Date: 27-07-01

Country of Citizenship: US

Residence: France

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P. O. Address: 7 Rue Raffet

75016 PARIS FRANCE

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Signature: _____

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Patent Department

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FOR PATENT APPLICATION**

UNITED STATES OF AMERICA

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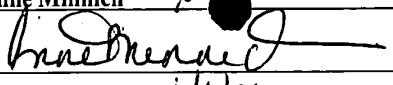
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- ☐ I/We hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or 365 (b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one other country other than the United States of America, listed below and having a filing date before that of the application on which priority is claimed. I/We have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Foreign Priority: _____
 Number Country Day/Month/Year Filed

Prior Foreign Appln(s): _____
 Number Country Day/Month/Year Filed

- ☒ I/We hereby claim the benefit under Title 35, United States Code §119(e) of any United States Provisional application(s) listed below:

60/131,454 **28 April 1999 (28.04.99)**
 Number Filing Date

- ☒ I/We hereby claim the benefit under Title 35, United States Code §120 or 365(c) of any United States application(s) or international application designating the United States listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code §112, I/We acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

PCT/US00/11490 **28 April 2000** **Pending**
 Application Serial No. Filing Date Status (Patented, Pending)

I/We hereby appoint the attorneys and/or agents associated with the Customer No.(s) provided below as my/our attorneys and/or agents with full power to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Customer No.: 005487

I/We hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States code §1001, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Inventors(s): ☐ Additional names and signatures are attached.

1. Full name: Zaid Jayyosi

Signature: _____

Date: _____

Country of Citizenship: France

Residence: US

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Signature: _____

Date: _____

Country of Citizenship: US

Residence: US

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P. O. Address: 1086 Heartsease Drive

West Chester, PA 19382

5. Full name: Litao Zhang

Signature: _____

Date: _____

Country of Citizenship: US

Residence: US

(City and State/City and Country only)

P. O. Address: 606 Monticello Lane

Kenett Square, PA 19348

7. Full name: Daniel G. McGarry

Signature: _____

Date: _____

Country of Citizenship: GB

Residence: US

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2. Full name: Gerard M. McGeehan

Signature: _____

Date: _____

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Residence: US

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Date: _____

Country of Citizenship: FR

Residence: US

(City and State/City and Country only)

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6. Full name: Robert D. Groneberg

Signature: _____

Date: _____

Country of Citizenship: US

Residence: US

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Collegeville, PA 19426

8. Full name: Thomas J. Caulfield

Signature: _____

Date: _____

Country of Citizenship: US

Residence: _____

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P. O. Address: _____

9. Full name: Anne Minnich

Signature: _____

Date: _____

Country of Citizenship: US

Residence: US

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P. O. Address: 2 Knoll Court

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10. Full name: Mark Bobko

Signature: Mark A Bobko

Date: 6/9/01

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Residence: US

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P. O. Address: 526 Summercroft Drive

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11. Full name: Robert Morris

Signature: _____

Date: _____

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Residence: US

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DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor(s), I/We hereby declare that:

My/Our residence(s), post office address(es) and citizenship(s) are as stated below my name(s).
I/We verily believe I am/we are the original, first and sole/joint inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

THERAPEUTIC USES OF TRI-ARYL ACID DERIVATIVES



and the specification of which
(check one)

- ☐ is attached hereto (Attorney Docket No. **A3536A-US**)
☒ was filed on November 28, 2000, as U.S. Application Number 09/724,496
 and was amended on (if applicable).
☐ was described and claimed in PCT Int'l Application Number
 filed on and as amended under PCT Article 19 on (if \
 any).

I/We hereby state that I/We have reviewed and understand the contents of the above identified specification, including the claims as amended by any amendment referred to above.

I/We acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 C.F.R. 1.56.

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8. Full name: Thomas J. Caulfield

Signature: _____

Date: _____

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9. Full name: Anne Minnich

Signature: _____

Date: _____

Country of Citizenship: US

Residence: US

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